

1. Identification

Plan No./Contract No. Date of birth

Last name, first name - Investor/ContractholderLast name, first name – Co-Investor/Co-Contractholder (if applicable)

2. Annuity Provisions

Only the investor/contractholder can change the type of annuity and the payment frequency prior to the death of the annuitant/investor/contractholder.

Depending on the plan specified on the application, the type of annuity chosen must be in accordance with the products offered by Beneva at the time of the annuitant's death and be consistent with the provisions of the Income Tax Act, where applicable, or any other applicable law.

The annuity is not redeemable or transferable. However, part of the death benefit may be paid as a lump sum.

The annuity payment is calculated according to the information on the beneficiary at the time the death benefit becomes payable.

The minimum age for subscription in an annuity contract is 18. If the beneficiary is under age 18, the death benefit will be paid as a lump sum.

Proof of the beneficiary's age is required in order to begin annuity payments. If proof of age is not provided before payments begin, the death benefit will be paid in the form of a 10-year term annuity.

If the death benefit is less than the premium required for the type of annuity chosen, the death benefit will be paid as a lump sum. (In compliance with our administrative rules in effect at the time.)

3. Annuity Information

This section allows you to determine the type of annuity that will be paid to the beneficiary(ies) designated in the contract mentioned in section 1 of this form. A portion of the death benefit can also be paid in a lump sum.

If you would like to cancel the annuity for a beneficiary, please write their full name, date of birth and indicate 100% for the Lump-sum Payment Option.

If you need more space, please append an additional form.

Important: To add, replace or remove a beneficiary, or change a beneficiary's payment option percentage, simply complete form Estate Planning and Change of Beneficiary.

Last name		First name		Date of Birth	
Payment Option (Total 100%)		Annuity Type (Check one)		Guarantee Option	
Annuity _____ %		<input type="checkbox"/> Life Annuity		_____ years (Guarantee period)	
Lump-Sum Payment _____ %		<input type="checkbox"/> Term Annuity		_____ years (Length of annuity)	
				<input type="checkbox"/> Uniform	
				<input type="checkbox"/> Indexed (Up to 4%) _____ %	
				<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually	
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

Last name		First name		Date of Birth	
Payment Option (Total 100%)		Annuity Type (Check one)		Guarantee Option	
Annuity _____ %		<input type="checkbox"/> Life Annuity		_____ years (Guarantee period)	
Lump-Sum Payment _____ %		<input type="checkbox"/> Term Annuity		_____ years (Length of annuity)	
				<input type="checkbox"/> Uniform	
				<input type="checkbox"/> Indexed (Up to 4%) _____ %	
				<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually	
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

Last name		First name		Date of Birth	
Payment Option (Total 100%)		Annuity Type (Check one)		Guarantee Option	
Annuity _____ %		<input type="checkbox"/> Life Annuity		_____ years (Guarantee period)	
Lump-Sum Payment _____ %		<input type="checkbox"/> Term Annuity		_____ years (Length of annuity)	
				<input type="checkbox"/> Uniform	
				<input type="checkbox"/> Indexed (Up to 4%) _____ %	
				<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually	
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

4. Agreement and Signatures

I hereby: Ask **Beneva Inc.** to make the benefit payment upon the death of the annuitant identified in section 1 to the beneficiary(ies) designated in section 3 as per the terms and conditions herein;

Confirm that the annuity payments cannot be redeemed, sold or transferred.

X

Signature of the investor/contractholder

Y Y Y Y M M D D
Date

X

Signature of the co-investor/co-contractholder (where applicable)

Y Y Y Y M M D D
Date

Investment
Client Services • Tel.: 1 877 841-8822

The form sent to Beneva constitutes the original document.